



FOR OFFICE USE ONLY

FOOD - 2959

EMAIL

NAME OF ESTABLISHMENT Utshedy Elementary School		ADDRESS OR LOCATION 608 Ardenwood Rd		CITY Lynnwood School	
MEALS SERVED B (L) D C O	PURPOSE OF INSPECTION <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Illness Investigation <input type="checkbox"/> Other:	<input type="checkbox"/> Preoperational <input type="checkbox"/> Temporary	<input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint	ESTABLISHMENT TYPE Initial Fall	RISK CATEGORY 3
MEALS OBSERVED B (L) D C O	DATE 11/16/21	TIME IN 10:15 AM	ELAPSED TIME 30 min	TOTAL POINTS 0	RED POINTS 0
	REPEAT RED 0	PHONE			

RED-HIGH RISK FACTORS

High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Circles indicate compliance status (IN, OUT, N/O, N/A) for each item.

IN = In Compliance OUT = Not In Compliance N/O = Not Observed N/A = Not Applicable CDI = Corrected During Inspection R = Repeat Violation

#	Compliance Status	Description	CDI	R	PTS
Demonstration of Knowledge					
1	IN	PIC certified by accredited program, or compliance with Code, or correct answers	<input type="checkbox"/>	<input type="checkbox"/>	5
2	IN	Food Worker Cards current for all food workers; new food workers trained	<input type="checkbox"/>	<input type="checkbox"/>	5
Employee Health					
3	IN	Proper ill worker and conditional employee practices; no ill workers present; proper reporting of illness	<input type="checkbox"/>	<input type="checkbox"/>	25
Preventing Contamination by Hands					
4	IN	Hands washed as required	<input type="checkbox"/>	<input type="checkbox"/>	25
5	IN	Proper barriers used to prevent bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>	25
6	IN	Adequate handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	10
Approved Source, Wholesome, Not Adulterated					
7	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15
8	IN	Water supply, ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	10
9	IN	Proper washing of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	10
10	IN	Food in good condition, safe and unadulterated; approved additives	<input type="checkbox"/>	<input type="checkbox"/>	10
11	IN	Proper disposition of returned, previously served, unsafe, or contaminated food	<input type="checkbox"/>	<input type="checkbox"/>	10
12	IN	Proper shellstock ID; wild mushroom ID; parasite destruction procedures for fish	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Cross Contamination					
13	IN	Food contact surfaces and utensils used for raw meat thoroughly cleaned and sanitized; no cross contamination	<input type="checkbox"/>	<input type="checkbox"/>	15
14	IN	Raw meats below or away from ready-to-eat food; species separated	<input type="checkbox"/>	<input type="checkbox"/>	5
15	IN	Proper handling of pooled eggs	<input type="checkbox"/>	<input type="checkbox"/>	5
Potentially Hazardous Food Time and Temperature					
16	IN	Proper cooling procedures	<input type="checkbox"/>	<input type="checkbox"/>	25
17	IN	Proper hot holding temperatures (5 pts if 130°F to 134°F)	<input type="checkbox"/>	<input type="checkbox"/>	25 (5)
18	IN	Proper cooking time and temperature; proper use of noncontinuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	25
19	IN	No room temperature storage; proper use of time as a control	<input type="checkbox"/>	<input type="checkbox"/>	25
20	IN	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	15
21	IN	Proper cold holding temperatures (5 pts if 42°F to 45°F)	<input type="checkbox"/>	<input type="checkbox"/>	10 (5)
22	IN	Accurate thermometer provided and used to evaluate temperature of PHFs	<input type="checkbox"/>	<input type="checkbox"/>	5
Consumer Advisory					
23	IN	Proper Consumer Advisory posted for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	5
Highly Susceptible Populations					
24	IN	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10
Chemical					
25	IN	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	10
Conformance with Approved Procedures					
26	IN	Compliance with risk control plan, variance, plan of operation; valid permit; approved procedures for noncontinuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	10
27	IN	Variance obtained for specialized processing methods (e.g., ROP)	<input type="checkbox"/>	<input type="checkbox"/>	10

Red Points 0

BLUE LOW RISK FACTORS

Low Risk Factors are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods. Circled points indicate items not in compliance.

#	Compliance Status	Description	CDI	R	PTS
Food Temperature Control					
28	IN	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	5
29	IN	Adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	5
30	IN	Proper thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	3
Food Identification					
31	IN	Food properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Contamination					
32	IN	Insects, rodents, animals not present; entrance controlled	<input type="checkbox"/>	<input type="checkbox"/>	5
33	IN	Potential food contamination prevented during delivery, preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>	5
34	IN	Wiping cloths properly used, stored; proper sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	5
35	IN	Employee cleanliness and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	3
36	IN	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	3
Proper Use of Utensils					
37	IN	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	3
38	IN	Utensils, equipment, linens properly stored, used, handled	<input type="checkbox"/>	<input type="checkbox"/>	3
39	IN	Single-use and single-service articles properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>	3
Utensils and Equipment					
40	IN	Food and nonfood surfaces properly used and constructed; cleanable	<input type="checkbox"/>	<input type="checkbox"/>	5
41	IN	Warewashing facilities properly installed, maintained, used; test strips available and used	<input type="checkbox"/>	<input type="checkbox"/>	5
42	IN	Food-contact surfaces maintained, cleaned, sanitized	<input type="checkbox"/>	<input type="checkbox"/>	5
43	IN	Nonfood-contact surfaces maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>	3
Physical Facilities					
44	IN	Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains; no cross-connections	<input type="checkbox"/>	<input type="checkbox"/>	5
45	IN	Sewage, wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	5
46	IN	Toilet facilities properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>	3
47	IN	Garbage, refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	3
48	IN	Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment	<input type="checkbox"/>	<input type="checkbox"/>	2
49	IN	Adequate ventilation, lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	2
50	IN	Posting of permit; mobile establishment name easily visible	<input type="checkbox"/>	<input type="checkbox"/>	2

Blue Points 0

Use the following blank lines to write comments:

Person In Charge (Signature) <i>Kevin Wilfong</i>	Person In Charge (Print Name) Kerri Wilfong	Date 11/16/21
Regulatory Authority (Signature) <i>Nolan Swanson</i>	Regulatory Authority (Print Name) Nolan Swanson	Follow-up Needed? Yes No <input checked="" type="checkbox"/>



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FOOD-2959

EMAIL

NAME OF ESTABLISHMENT: *Utschidy Elementary School* ADDRESS OR LOCATION: *608 Arrowhead Rd* CITY: *Granada Island*

MEALS SERVED: B L D C O PURPOSE OF INSPECTION: Routine Preoperational Reinspection Illness Investigation Temporary Complaint Other: ESTABLISHMENT TYPE: *Inst. to school Full* RISK CATEGORY: *3*

DATE: *11/10/21* TIME IN: *10:15 AM* ELAPSED TIME: *30 min* TOTAL POINTS: *0* RED POINTS: *0* REPEAT RED: *0* PHONE:

TEMPERATURE OBSERVATIONS

Food	Location	Temp (°F)	Food	Location	Temp (°F)
<i>Pizza</i>	<i>Freezer</i>	<i>< 32°</i>	<i>Pizza</i>	<i>Hot Hold warmer</i>	<i>165°</i>
<i>Beef Patties</i>	<i>Freezer</i>	<i>< 32°</i>			
<i>Carrots</i>	<i>Walk-in Refrigerator</i>	<i>46.5°</i>			
<i>Yogurt</i>	<i>Walk-in Ref</i>	<i>39°</i>			
<i>Milk</i>	<i>Walk-in Ref</i>	<i>40°</i>			
<i>Pizza</i>	<i>Cook temp</i>	<i>188°</i>			

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames specified.	Points
	<i>No violation observed</i>	
	<i>Most lunches are pre-prepared frozen</i>	
	<i>lunches currently pre-frozen and stored in cold-hold refrigerator until being served</i>	

Comments

Person In Charge (Signature): *Kevin Wilfong* Person In Charge (Print Name): *Kerri Wilfong* Date: *11/10/21*
 Regulatory Authority (Signature): *Nolan Simmons* Regulatory Authority (Print Name): *Nolan Simmons* Follow-up Needed? Yes No